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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor	Jovan E. Lebaric
				Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	95907

NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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